Instructions

- Use this Daily Medication Chart to help manage your list of prescriptions, supplements, or vitamins. •
- Place an "\scrime" or write the time in the final column to indicate medication has been taken on schedule as prescribed by your doctor.

TIP: Keep a separate chart for over-the-counter supplements and vitamins.

Example Chart:

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	✓
Antibiotic	300 mg	White Capsule	Take with food	1 pill			1 pill		✓
Antibiotic	100 mg	Liquid						1 tsp	10:15pm

Patient Information

Patient Name:	
Date of Birth	
Pharmacy Name:	
Pharmacy Phone #:	
Primary Care Physician:	
Primary Care Physician Phone #:	

Monday

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	~

Special Care Instructions:

Tuesday

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	~

Wednesday

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	~

Special Care Instructions:

Thursday

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	~

Friday

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	~

Special Care Instructions:

Saturday

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	~

Sunday

Prescription Name	Dosage	Medication Description (Shape/Color/Size)	Special Instructions	Morning	Noon	Afternoon	Evening	Bedtime	~